

The Safety Net

A Quality Assurance Bulletin

ISSUE V

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Under Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability.

The Department must make a reasonable accommodation to allow a person with a disability to take part in a program service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible.

To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.



SUMMER is BACK in TOWN!

—Sandra J. Verheidje
DDD QUALITY ASSURANCE ADMINISTRATOR

Heat stroke or sunstroke, also known as hyperthermia, is a condition which occurs when the body absorbs more heat than it can handle. This usually happens due to excessive exposure to heat. This can be a medical emergency that requires immediate medical attention.

How to avoid heat-related illness?

DRINK PLENTY OF FLUIDS. One of the body's most important methods of temperature regulation is perspiration (sweating). If your body becomes dehydrated this prevents the production of sweat which causes the body temperature to rise swiftly. Did you know some medications can also diminish the body's ability to produce sweat? These medications include, but are not limited to, certain blood pressure medications, antipsychotic medications, some antidepressants, laxatives, and antihistamines.

DRESS APPROPRIATELY.

Wear lightweight, loose fitting clothing. Avoid dark colors which can absorb heat. A hat can limit your exposure to the sun.

AVOID THE MIDDAY SUN.

WEAR SUNSCREEN.

A sunburn decreases the body's ability to cool itself.

NEVER LEAVE PEOPLE OR PETS INSIDE A PARKED VEHICLE.

AVOID BEVERAGES CONTAINING ALCOHOL, CAFFEINE, OR LARGE AMOUNTS OF SUGAR as they can dehydrate the body.

Symptoms of heat-related illness:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Weakness | <input checked="" type="checkbox"/> Nausea and vomiting |
| <input checked="" type="checkbox"/> Headache | <input checked="" type="checkbox"/> Rapid heartbeat |
| <input checked="" type="checkbox"/> Dizziness | <input checked="" type="checkbox"/> Confusion |
| <input checked="" type="checkbox"/> Muscle cramps | |

Heat stroke is a medical emergency, so if you suspect an individual has heat stroke call 911. Move the person into a cool area. Try and get the individual to drink fluids. Do not offer

*Heat Stroke is a
Medical Emergency!
Call 9-1-1*

ice cold fluids as this can cause stomach cramping. If the individual can assist you, offer a cool shower or bath. Do not wrap the person in wet towels or clothes as this can actually act as insulation and increase rather than decrease the body temperature. Cold compresses to the head, neck and groin will help cool the individual.

Never Leave a Person or Pet in an Unattended Vehicle

—Sandra J. Verheidje
DDD QUALITY ASSURANCE ADMINISTRATOR

Adults with disabilities, elderly, children and pets are all susceptible to heat illness, heat exhaustion and heat stroke. If the temperature outside is 90 degrees, it could be 130 degrees inside a car. The temperature inside a car on a hot day can rise as much as 20 degrees in the first 10 minutes after it has been parked. Within minutes the temperature can climb to 150 degrees. In a very short time a person can become dehydrated and their internal temperature can climb to 107 degrees. Death can occur at a slightly higher body temperature of 107 degrees Fahrenheit.

At the University of Arizona, college faculty and staff, as an interesting way to raise awareness about the dangers of the heat, put potatoes, rice, brownies, and cake in a car in the morning. By 4PM that same day when they checked the food and the temperature of the car, it was hot enough to cook the brownies and the rice. A cooking thermometer plunged into the Spanish rice read 170 degrees after the baking dish was pulled from a car.

Remember: After checking carefully to ensure no one is left inside, a parked van should be locked to prevent entry while unattended. Never leave anyone in an unattended van, even to "run in and out quickly".





Incident Reporting

—James Maio, Supervisor
GROUP HOME MONITORING UNIT SUPERVISOR (D-1)

Incident reporting is one of the most important obligations of DDD vendors in today's quality-focused environment. With the recent incorporation of

Administrative Directive 76 into Section 2100 (DDD Policy and Procedures Manual), it is time to take a second look at this requirement.

Incident reporting allows the Individual Support Plan (ISP) teams, DDD Quality Assurance, and vendors' quality management teams to track potentially dangerous trends in consumer care and make changes to improve the health and quality of life for the consumers we all serve.

Timely reporting is the key. Vendors must call in Incident Reports to the Districts by the close of the next business day. Serious Incidents, however, must be reported to the Districts as soon as possible; no later than twenty-four (24) hours from the time the incident (see Section 2100 for the difference between Incidents and Serious Incidents).

Support Coordination should ensure that all incident calls are followed up with a written Incident Report from the vendor. The written Incident Report should include the following: consumer's demographic details, a clear objective account of the incident, all staff names with job titles for any staff who witnessed or were involved in the incident, and the dates/times of notification, agencies, names, and phone numbers, that have been made regarding the incident.

Reporting is only the beginning. After the incident has been reported, it is time to utilize the information. Depending on the type of incident, this may begin with an internal investigation. Sometimes the information is best utilized by the ISP team to identify new behaviors or new triggers to an already existing behavior. It should be noted that incident reports must be kept in the group home for ninety (90) days, but it is recommended that the ISP team look at incident reports from an entire prior year when completing the annual review.

For more information on incident management, please go to the following website:

https://www.azdes.gov/ddd/downloads/policyproc_docs/2100.doc

CORRECTION:

Vicki Kronabetter informs us that the article: "Key Facts & Concerns with the FLU!" in the March Issue of *The Safety Net* was written by Connie Thompson, R.N. • Habilitation Nurse II • State Operated Services (District I). *Thank you, Connie!*

This newsletter is presented by Central Office Quality Assurance Unit of the Division of Developmental Disabilities. Articles are researched and compiled by Quality Assurance staff. Any questions or feedback, please contact Steve Stencil at 602-817-6700.

Preventing PICA

—Kate Maio
DDD CENTRAL OFFICE QUALITY ASSURANCE OFFICER



PICA is the craving or ingestion of nonfood items. The cause of pica is not known. It is rarely observed in adults who do not have disabilities. It is the most common eating disorder seen in individuals with developmental disabilities.

There are no known medical methods of preventing pica; however, once pica is known, measures can be taken to reduce further ingestion of nonfood substances. Removing the particular items from common areas and close observation of the individual with pica can be helpful and may reduce inappropriate eating behaviors.

When developing a Behavioral Treatment Plan (BTP), the team should take into account the symptoms of pica and contributory factors, as well as the management of possible complications of the disorder. A good functional assessment is key to a good plan.

Some suggestions to prevent pica behavior:

- ✖ Thorough identification, storage and monitoring of all hazardous materials.
- ✖ Initial development or modification of BTPs to ensure the implementation of appropriate plans for addressing pica behaviors.
- ✖ Training of all staff regarding the importance of safely storing hazardous materials and properly supervising at risk consumers in order to maintain a safe and healthy environment.
- ✖ When possible, training of consumers to identify and avoid risks that they are likely to encounter in their environments.
- ✖ Frequent staff-client interaction and attention to staff-client ratios.
- ✖ Gloves and other known potentially hazardous items should be kept only in a locked place and disposed of properly.

In District I, all State Operated Residential and Day Program facilities have begun utilizing Diaper Champs or Diaper Genies to dispose of used gloves. These are just a couple of examples of a variety of products that may be used for safe disposal of gloves or other potentially dangerous items. The safety latch on these and other similar products makes discarded items inaccessible.

The two most important things that a facility can do to prevent pica behavior:

- Proper supervision appropriate to ensure consumer safety.
- Proper storage/disposal of hazardous materials.

UPCOMING ARTICLES:



Best Practice Regarding Handling and Safeguarding of Consumer Funds

Head Injuries:
How to Prevent, Detect & Treat

Components of a Good Corrective